

**HEALTHY WAY L.A.
MENTAL HEALTH
INTEGRATION PROGRAM
(MHIP)
CLINICAL OPERATIONS
PACKET**

TABLE OF CONTENTS

I. OVERVIEW OF HEALTHY WAY L.A./MENTAL HEALTH SERVICES DELIVERY UNDER THE LIHP	
• DESCRIPTION OF TIERS.....	3
II. BRIEF DESCRIPTION OF MHIP	
• MHIP LINKS.....	4
III. MHIP CLINICAL FLOW CHART.....	5
IV. PROBLEM SOLVING TREATMENT (PST)	
• PST PATIENT/CLIENT HANDOUT.....	6-8
• PST WORKSHEET.....	9-10
• PST PROBLEM LIST.....	11
• RELAPSE PREVENTION FORM.....	12
• BEHAVIORAL ACTIVATION FORM.....	13
V. PATIENT HEALTH QUESTIONNAIRE (PHQ-9).....	14
VI. GENERALIZED ANXIETY DISORDER (GAD-7).....	15
VII. POSTTRAUMATIC STRESS DISORDER CHECKLIST-CIVILIAN VERSION (PCL-C).....	16
VIII. SCORING INSTRUCTIONS FOR SCREENING TOOLS.....	17
IX. CONSULTATION WITH PSYCHIATRIST.....	18
X. DECISION GUIDE FOR ASSESSING APPROPRIATENESS FOR TIER 1 AND 2 SERVICES.....	19

Healthy Way L.A.

Beginning July 1, 2011, enrollment in HWLA increased in Los Angeles County and may ultimately reach between 130,000 and 150,000 adults. HWLA primary care services are delivered through a network that includes DHS directly-operated hospitals, comprehensive health centers, and ambulatory care centers, in addition to a geographically-diverse system of Community Partner agencies.

The HWLA mental health benefit is delivered through the existing and expanded network of DMH directly-operated and contracted specialty mental health clinics. Mental health care can be understood as being delivered in three “tiers,” which are delineated in the chart below.

Mental Health Service Delivery under the LIHP

Level of Service	Level of Need	Type of Service
Tier 1	Current priority population: clients with serious, mental illness Quadrants* 2 and 4	<ul style="list-style-type: none"> • Full range of Rehabilitation Option services
Tier 2	Individuals seen in primary care settings who may benefit from early intervention/short-term treatment Quadrants* 1 and 3	<ul style="list-style-type: none"> • Evidence-based practices • Short-term treatment • Psychiatric consultation regarding psychotropic medications provided for treating primary care physicians
Tier 3	Individuals seen in primary care settings who receive and desire only medication management Quadrants* 1 and 3	<ul style="list-style-type: none"> • Medication prescribed by PCP

*Based on “Behavioral Health/Primary Care Integration - The Four Quadrant Model and Evidence-Based Practices,” National Council for Community Behavioral Healthcare, Revised February 2006.

What is MHIP?

Integration & Collaboration

The **Mental Health Integration Program** is a countywide, *patient-centered, integrated program* serving clients with medical and mental health needs. The program provides:

- High quality mental health screening and treatment
- An evidence- and outcome-based model of collaborative stepped care to treat common mental disorders such as Depression

The MHIP model incorporates an Evidence-Based Practice (EBP) called Problem Solving Treatment (PST) that generally consists of 6-10 sessions; however, there is no cap on the number of sessions under the MHIP model which may also include time for assessment, creating a treatment plan, medication management consultation, and other care management services.

Patients needing more intensive mental health services are treated in community mental health centers that collaborate with the primary care clinic to provide person-centered integrated mental health care.

MHIP LINKS

L.A. County Mental Health Integrated Care Program:
<http://uwaims.org/lacounty/index.html>

PHQ-9 & GAD-7 screening tools available in multiple languages at this site:
<http://www.phqscreeners.com/overview.aspx>

PCL-C and Team Building worksheets can be found at:
<http://uwaims.org/lacounty/gettingstarted.html>

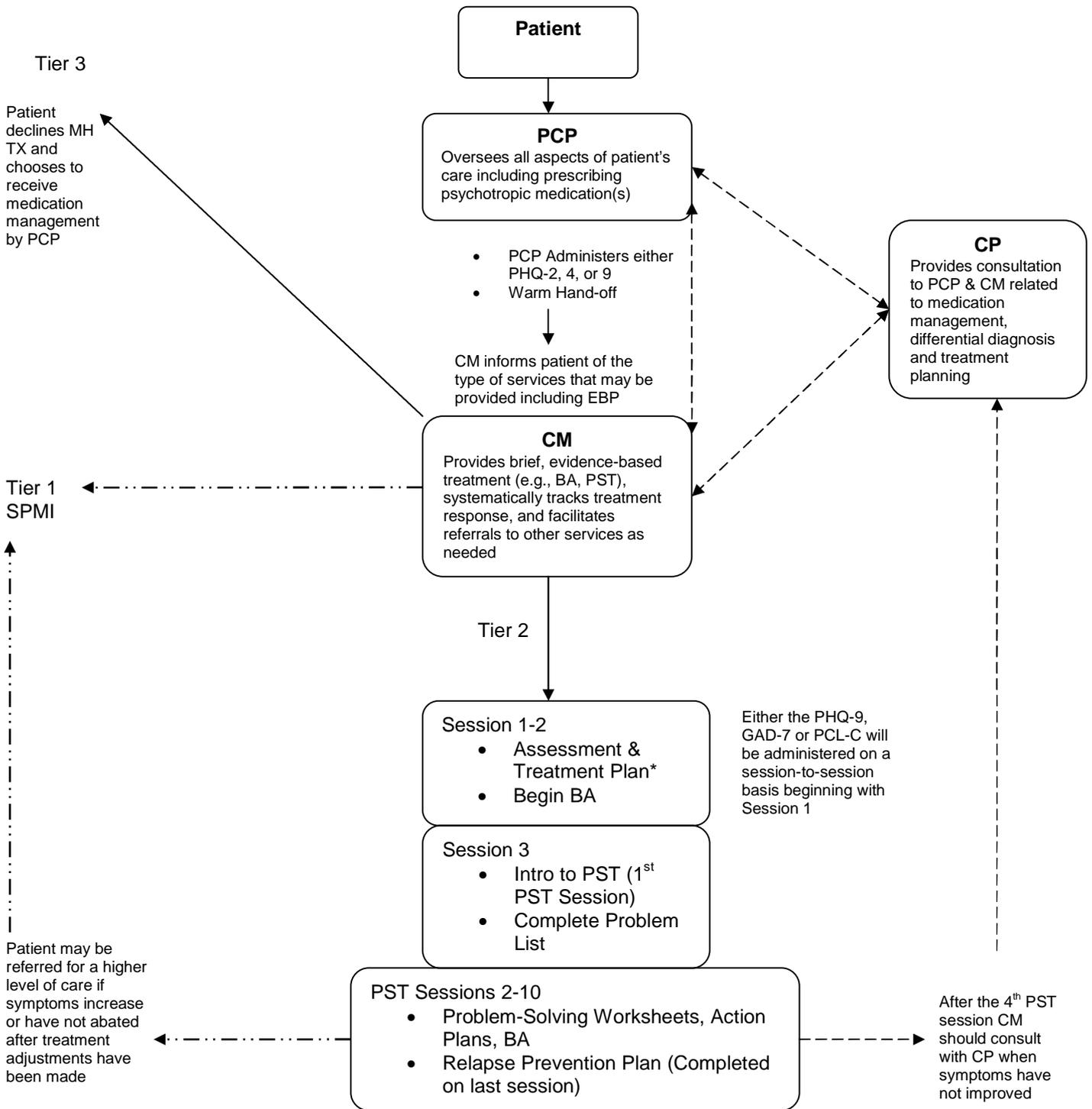
PCP and consulting psychiatrist webinars can be found at:
<http://uwaims.org/lacounty/training.html>

PST forms in other languages can be found at:
<http://uwaims.org/lacounty/pst-languages.html>

Should you have any clinical or administrative questions pertaining to MHIP please email us at:
HWLA@dmh.lacounty.gov

**County of Los Angeles – Department of Mental Health
Office of Integrated Care**

MHIP Clinical Flow Chart



Legend

PCP = Primary Care Provider	CM = Care Manager (Clinician)	CP = Consulting Psychiatrist
PST = Problem Solving Treatment	MH TX = Mental Health Treatment	BA = Behavioral Activation
EBP = Evidence Based Practice	SPMI = Severe & Persistently Mentally Ill	* = May take up to two sessions

Consultation & Collaboration ←-----→	Transfer to Tier 1 -.-.-.-.->	PHQ-9 = Patient Health Questionnaire GAD-7 = Generalized Anxiety Disorder Questionnaire PCL-C = Posttraumatic Stress Disorder Checklist-Civilian Version
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Problem-Solving Treatment (PST)

PST Treatment:

- Brief: 6 sessions – 1 hour today, then 30 minutes
- Practically focused on current, real-life problems
- Collaborative between client and therapist

How It Works

- Depression is often caused by problems in life
- PST helps patients begin to exert control over the problems in their life
- Regaining control over problems improves mood and helps patients feel better

Depression is very common. It's often caused by problems of living. We all encounter problems in our lives, big and small, everyday. It's a normal part of living. Having problems isn't unfair, really; it's just a part of the way life is. If we let problems pile up unresolved, however, it can become overwhelming and lead us to feeling depressed. People who are depressed can learn ways of dealing with these problems. Using problem-solving skills, people can learn to cope better with their problems and feel better as a result.

We can almost always exert some degree of control over our problems. And, if we're able to tackle problems as they arise, it will decrease the likelihood that we become, or stay, depressed. A depressed mood is a signal that there are problems in one's life that need attending to and we can use this as a cue to take action. To stop and think: what problem might be troubling me? We can then put our problem-solving skills to work and begin to feel better.

Problem-solving is a systematic, common sense way of sorting out problems and difficulties. If you can learn how to problem-solve easily, you can lessen your depressive symptoms and feel better. In problem solving treatment, the therapist explains the details of the treatment and provides encouragement and support, but the ideas, plans and action come from you. Problem solving skills will not only be useful now, but can also help you when future problems arise.

PST has 7 important stages:

1. Write down a clear description of one problem to work on. What is the problem about? When does the problem occur? Where? Who is involved? Try to break up complicated problems into several smaller ones and consider each one separately.
2. Set a realistic goal. What would you like to happen? Choose a clear and achievable goal.

3. Brainstorm. List as many solutions as you can think of. Don't rule anything out.
4. Consider the advantages and disadvantages (pros and cons) for each potential solution. What are the benefits of each solution? What are the difficulties or obstacles?
5. Choose the solution that seems best. Which solution seems the most feasible and has the least impact on your time, effort, money, other people's effort, etc.?
6. Develop an Action Plan. Write down exactly what you will do and when.
7. Review and evaluate your progress. Make needed changes. How has this helped your mood?

Problem-solving may not solve all of your difficulties, but it can teach you a better way to deal with them. As you begin to feel more in control of your problems, your mood will feel better too.

The Importance of Pleasant Activities

When people get depressed they don't feel up to doing the kinds of things they typically enjoy. By doing fewer enjoyable things they begin to feel even worse. As they feel worse, they do even less, and get caught up in a vicious cycle of doing less and less and feeling worse and worse



As part of problem solving treatment we will help you set a goal of doing at least one pleasurable activity each day. In other words, arranging to provide yourself with a “treat” each day. Sometimes working on the problem of too few pleasant activities can be a simple and effective way to start to learn problem solving skills.

The positive benefits are:

1. You can use problem-solving steps to help with pleasurable activities
2. You will start to assert control over your life in a positive and beneficial way
3. Your success with doing pleasurable things will give you motivation to tackle some of the more difficult problems in your life

PROBLEM-SOLVING WORKSHEET

Name: _____ Date: _____ Visit #: _____

Review of progress during previous week:

Rate how Satisfied you feel with your effort (0 – 10) (0 = Not at all; 10 = Super): ___ Mood (0-10): _____

1. Problem:

2. Goal:

3. Options/Solutions: 4. Pros versus Cons (Effort, Time, Money, Emotional Impact, Involving Others)

a)	a) Pros (+) What makes this a good choice?	a) Cons
b)	b) Pros (+) What makes this a good choice?	b) Cons
c)	c) Pros (+) What makes this a good choice?	c) Cons
d)	d) Pros (+) What makes this a good choice?	d) Cons

5. Choice of solution:

6. Action Plan (Steps to achieve solution):

Write down the tasks you completed.

a)

b)

c)

d)

Pleasant Daily Activities.

Rate how Satisfied it made you feel (0 – 10)
(0 = Not at all; 10 = Super)

Date Activity

Next appointment: _____

PROBLEM-SOLVING TREATMENT FOR DEPRESSION

PROBLEM LIST

1. Problems with relationships: <input type="checkbox"/> Spouse or partner <input type="checkbox"/> Family members: children, grandchildren, other family members <input type="checkbox"/> Friends <input type="checkbox"/> Other:	7. Problems with having a daily pleasant activity:
2. Problems with work or volunteer activities:	8. Problems with sexual activity:
3. Problems with money and finances:	9. Problems with religion or moral values:
4. Problems with living arrangements:	10. Problems with self-image:
5. Problems with transportation:	11. Problems with aging:
6. Problems with health:	12. Problems with loneliness:

Relapse Prevention Plan

Patient Name: _____

Today's Date: _____

Maintenance Medications

1. _____; _____ tablet(s) of _____ mg _____ Take at least until _____
2. _____; _____ tablet(s) of _____ mg _____ Take at least until _____
3. _____; _____ tablet(s) of _____ mg _____ Take at least until _____
4. _____; _____ tablet(s) of _____ mg _____ Take at least until _____

Call your primary care provider or your care manager with any questions (see contact information below).

Other Treatments

1. _____
2. _____
3. _____

Personal Warning Signs

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Things I do to Prevent Symptoms from Returning

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If symptoms return, contact: _____

Contact/Appointment Information

Primary Care Provider: _____ Tel. Number: _____
Next appointment: Date: _____ Time: _____
Care Manager: _____ Tel. Number: _____

Scheduling Activities *Pleasant – Social – Physical*

Plan at least one activity each day. It is an important way to deal with stress and depression. Schedule out a week's worth of daily activities.

Each day should contain at least one activity. These can be pleasant, social, or physical activities. For example, a pleasant activity might be putting together a puzzle or some hobby, a social activity might be having tea with a neighbor, and a physical activity might be going for a walk.

Rate how satisfied you felt after doing the activity



Daily Activities			How <i>satisfied</i> did you feel?
Day	Date	Activity (What? Where? With whom?)	0 = Not Satisfied 10 = Super
Mon			
Tue			
Wed			
Thu			
Fri			
Sat			
Sun			

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T_____ = _____ + _____ + _____)

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

PCL-C

INSTRUCTIONS: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?	1	2	3	4	5
2. Repeated, disturbing <i>dreams</i> of a stressful experience from the past?	1	2	3	4	5
3. Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening again</i> (as if you were reliving it)?	1	2	3	4	5
4. Feeling <i>very upset</i> when <i>something reminded you</i> of a stressful experience from the past?	1	2	3	4	5
5. Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of a stressful experience from the past?	1	2	3	4	5
6. Avoiding <i>thinking about or talking about</i> a stressful experience from the past or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
7. Avoiding <i>activities or situations</i> because <i>they reminded you of</i> a stressful experience from the past?	1	2	3	4	5
8. Trouble <i>remembering important parts</i> of a stressful experience from the past?	1	2	3	4	5
9. <i>Loss of interest</i> in activities that you used to enjoy?	1	2	3	4	5
10. Feeling <i>distant or cut off</i> from other people?	1	2	3	4	5
11. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
13. Trouble <i>falling or staying asleep</i> ?	1	2	3	4	5
14. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
15. Having <i>difficulty concentrating</i> ?	1	2	3	4	5
16. Being " <i>super-alert</i> " or watchful or on guard?	1	2	3	4	5
17. Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

PHQ-9 Depression Severity. This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of —not at all, —several days, —more than half the days, and —nearly every day, respectively. PHQ-9 total score for the nine items ranges from 0 to 27. Scores of 5, 10, 15, and 20 represent cutpoints for mild, moderate, moderately severe and severe depression, respectively. Sensitivity to change has also been confirmed.

GAD-7 Anxiety Severity. This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of —not at all, —several days, —more than half the days, and —nearly every day, respectively. GAD-7 total score for the seven items ranges from 0 to 21. Scores of 5, 10, and 15 represent cutpoints for mild, moderate, and severe anxiety, respectively. Though designed primarily as a screening and severity measure for generalized anxiety disorder, the GAD-7 also has moderately good operating characteristics for three other common anxiety disorders – panic disorder, social anxiety disorder, and post-traumatic stress disorder. When screening for anxiety disorders, a recommended cutpoint for further evaluation is a score of 10 or greater.

Note: For more detailed information on PHQ-9 and GAD-7 please go to this link:
<http://www.phqscreeners.com/instructions/instructions.pdf>

PCL Scoring

There are several ways in which to score the PTSD Checklist (PCL). Perhaps the easiest way to score the PCL is to add up all the items for a total severity score. A total score of 44 is considered to be PTSD positive for the general population while a total score of 50 is considered to be PTSD positive in military populations. A second way to score the PCL is to treat “moderately” or above (responses 3 through 5) as symptomatic and anything below “moderately” (1 and 2) as non-symptomatic. Then use the DSM scoring rules to make a diagnosis. That is:

- You need an endorsement of at least 1 B item (question #s 1-5)
- You need an endorsement of at least 3 C items (question #s 6-12)
- You need an endorsement of at least 2 D items (question #s 13-17)

However, please note that it is then possible to get a PTSD diagnosis with a total score of 29, which would be very low. It may therefore be best to use a combination of the two approaches. That is, the requisite number of items within each cluster are met at a 3 or above AND the total score is above the specified cut point.

Note: For more detailed information on PCL-C please go to this link:
<http://www.ptsd.va.gov/professional/pages/assessments/assessment-pdf/PCL-handout.pdf>

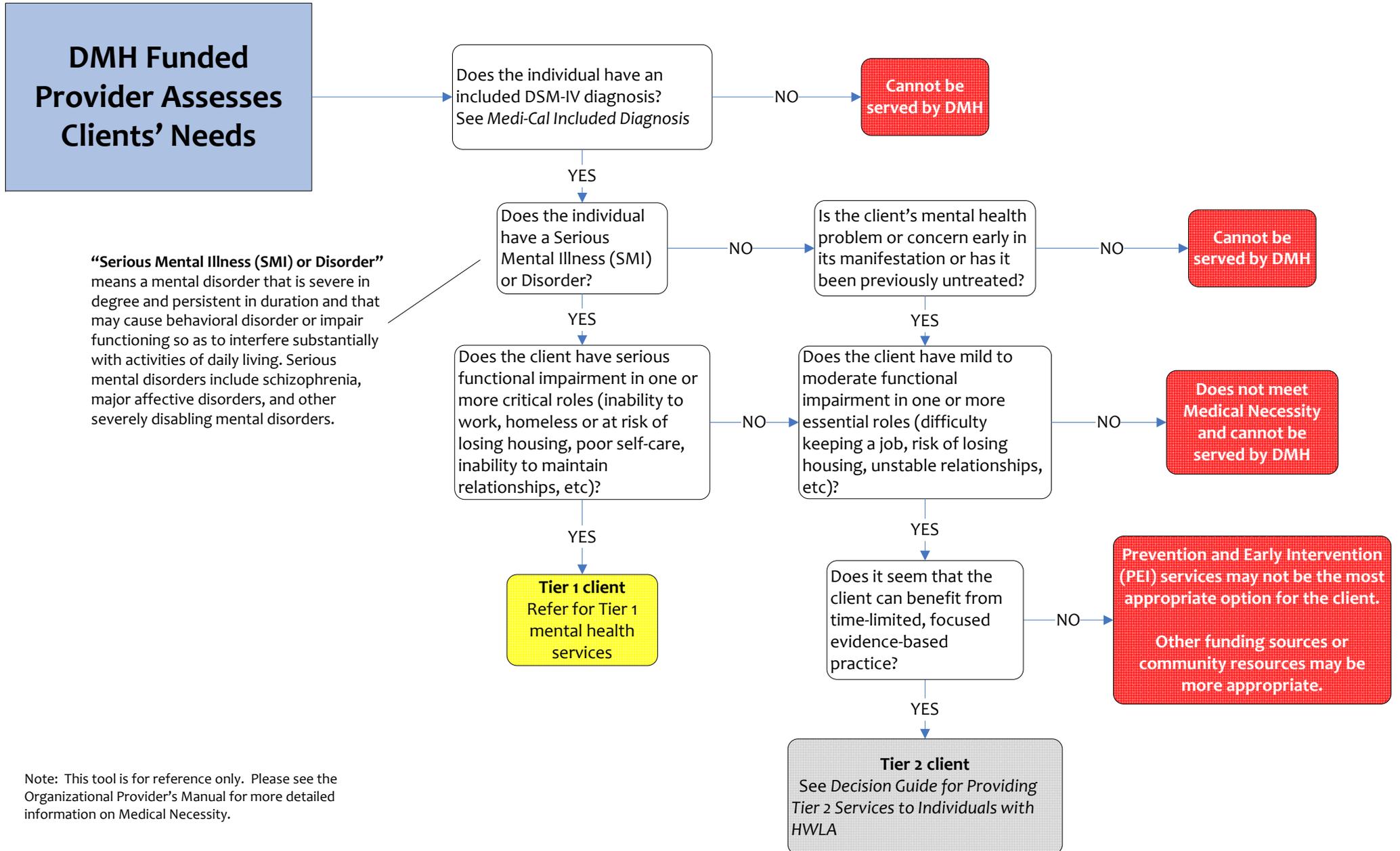
CONSULTATION WITH PSYCHIATRIST

When to consult with the psychiatrist as part of the implementation of the Mental Health Integration Program (MHIP) model:

- Upon initial evaluation;
- If you have a question about differential diagnosis, especially for any client who has several medical conditions;
- If you are aware of the client having a recent abrupt change in their mental status;
- If a client presents with any psychotic symptoms, even symptoms that may be mild or transient in nature;
- If the Primary Care Provider places your client on any medication or makes a change in the client's medication;
- If the client complains of any side effects from their medication;
- If the client complains that the psychotropic medication(s) are not working or they feel worse since beginning the medication;
- If the client is not responding to treatment after about the 4th PST session, and
- Before transferring a patient to Tier 1.

We understand that you may not be accustomed to consulting with the psychiatrists in the scenarios described above. We believe that the consultation with the psychiatrist will facilitate improved collaboration and improve the quality of the services that we provide to our clients.

Decision Guide for Assessing Appropriateness for Tier 1 or Tier 2 Services for
Individuals with Healthy Way L.A.



Note: This tool is for reference only. Please see the Organizational Provider’s Manual for more detailed information on Medical Necessity.